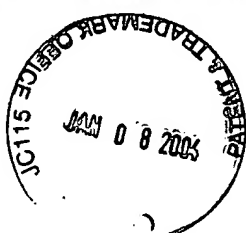
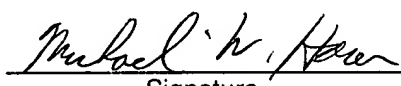


#17

PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136(a)		Atty. Docket No. 97-30																												
	Inventor(s): IYER et al.																													
	Appln. No.: 09/581,122	Conf. No.: 9429																												
	Filed: January 14, 2002																													
	Title: Fetal Oximetry System and Sensor																													
	Examiner: Kremer, M.	Group Art Unit: 3736																												
	Express Mail Label No. (if applicable): EV 196252417 US																													
<p>This is a request under the provisions of 37 C.F.R. § 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee from the original due date of <u>December 8, 2003</u> are as follows:</p> <p>(check time period desired)</p> <table style="width: 100%; border: none;"><tr><td style="width: 15%;"><input checked="" type="checkbox"/></td><td style="width: 55%;">One month - 37 C.F.R. § 1.17(a)(1)</td><td style="width: 10%; text-align: right;">\$</td><td style="width: 20%; border-bottom: 1px solid black;">110.00</td></tr><tr><td><input type="checkbox"/></td><td>Two months - 37 C.F.R. § 1.17(a)(2)</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td><input type="checkbox"/></td><td>Three months - 37 C.F.R. § 1.17(a)(3)</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td><input type="checkbox"/></td><td>Four months - 37 C.F.R. § 1.17(a)(4)</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td><input type="checkbox"/></td><td>Five months - 37 C.F.R. § 1.17(a)(5)</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr></table> <p>Less the previous extension fee of \$ _____ paid in papers dated _____, which were filed in the present application subsequent to the original due date.</p> <table style="width: 100%; border: none;"><tr><td style="width: 15%;"><input checked="" type="checkbox"/></td><td style="width: 85%;">Fee Transmittal Form Attached. <i>(Submit original and a duplicate for fee processing)</i></td></tr><tr><td><input type="checkbox"/></td><td>A check covering the amount due of \$ _____ is enclosed (check no. _____).</td></tr><tr><td><input checked="" type="checkbox"/></td><td>The Commissioner has already been authorized to charge fees in this application to Deposit Account No. 50-0558.</td></tr><tr><td><input checked="" type="checkbox"/></td><td>The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0558. A duplicate copy of this sheet is enclosed.</td></tr></table> <p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p> <p style="margin-left: 40px;"><input type="checkbox"/> applicant.</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent acting under 37 C.F.R. § 1.34(a), Registration No. 35,174</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p>January 8, 2004</p><hr style="border: 0; border-top: 1px solid black; margin: 0;"/><p style="text-align: center;">Date</p></div><div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin: 0;"/><p>Signature</p> <p>Michael W. Haas</p><hr style="border: 0; border-top: 1px solid black; margin: 0;"/><p>Typed Name</p></div></div>			<input checked="" type="checkbox"/>	One month - 37 C.F.R. § 1.17(a)(1)	\$	110.00	<input type="checkbox"/>	Two months - 37 C.F.R. § 1.17(a)(2)	\$		<input type="checkbox"/>	Three months - 37 C.F.R. § 1.17(a)(3)	\$		<input type="checkbox"/>	Four months - 37 C.F.R. § 1.17(a)(4)	\$		<input type="checkbox"/>	Five months - 37 C.F.R. § 1.17(a)(5)	\$		<input checked="" type="checkbox"/>	Fee Transmittal Form Attached. <i>(Submit original and a duplicate for fee processing)</i>	<input type="checkbox"/>	A check covering the amount due of \$ _____ is enclosed (check no. _____).	<input checked="" type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to Deposit Account No. 50-0558.	<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0558. A duplicate copy of this sheet is enclosed.
<input checked="" type="checkbox"/>	One month - 37 C.F.R. § 1.17(a)(1)	\$	110.00																											
<input type="checkbox"/>	Two months - 37 C.F.R. § 1.17(a)(2)	\$																												
<input type="checkbox"/>	Three months - 37 C.F.R. § 1.17(a)(3)	\$																												
<input type="checkbox"/>	Four months - 37 C.F.R. § 1.17(a)(4)	\$																												
<input type="checkbox"/>	Five months - 37 C.F.R. § 1.17(a)(5)	\$																												
<input checked="" type="checkbox"/>	Fee Transmittal Form Attached. <i>(Submit original and a duplicate for fee processing)</i>																													
<input type="checkbox"/>	A check covering the amount due of \$ _____ is enclosed (check no. _____).																													
<input checked="" type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to Deposit Account No. 50-0558.																													
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0558. A duplicate copy of this sheet is enclosed.																													

TECHNOLOGY CENTER R3700

JAN 15 2004

RECEIVED

01/13/2004 RHEBRAHT 00000046 500558 09581122

01 FC:1251 110.00 DA